

Case Number:	CM15-0133313		
Date Assigned:	07/27/2015	Date of Injury:	11/08/2012
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 71-year-old female who sustained an industrial injury 11/08/2012. Diagnoses/impressions include metacarpophalangeal (CMC) joint arthrosis left thumb base and CMC joint arthrosis base of right thumb status post LRTI (ligament reconstruction and tendon interposition). Treatment to date has included medications, activity modification, surgery and hand therapy. Electrodiagnostic testing of the upper extremities on 3/28/13 was positive for severe carpal tunnel syndrome on the right and mild on the left as well as possible bilateral C5 radiculopathy. According to the progress notes dated 6/24/15, the IW reported swelling, stiffness and pain in the right wrist. On examination, there were no sensory or circulatory deficits in the hands or digits. There was tenderness over the right CMC joint at the base of the thumb. Right thumb motion was limited and the IW was unable to oppose and abduct the thumb to the base of the small finger. There was significant weakness with pinching and grasping, compared to the left side. A request was made for nerve conduction study of the right thumb.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nerve Conduction Study in right thumb: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter/Nerve Conduction Studies (NCS) Section.

Decision rationale: The MTUS Guidelines address the use of NCS in detection of neurological abnormalities at the elbow and wrist, but for the use cervical radiculopathy it recommends the use of EMG and NCV to help identify subtle focal neurological dysfunction in patients with neck or arm symptoms lasting more than three or four weeks. The ODG does not recommend the use of NCS to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic process if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing NCS when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution as these studies can result in unnecessary over treatment. In this case, an electrodiagnostic test of the upper extremities on 3/28/13 was positive for severe carpal tunnel syndrome on the right and mild on the left as well as possible bilateral C5 radiculopathy. As the EMG has already been diagnostic, the NCS is not warranted at this time. The request for nerve conduction study in right thumb is determined to not be medically necessary.